



Cape Cod Economic Development Council
Cape and Islands License Plate Program
GRANT PROGRAM COVER SHEET

To be used when submitting Letters of Intent and Grant Applications

Date _____

Amount Requested \$ _____

Total Project Cost \$ _____

Project Description: _____

Legal Name of Submitting Organization:

Address: _____

Board Chair:

Executive Director or President:

Contact Person's e-Mail: _____

PARTNER ORGANIZATIONS:

Partner _____

Partner _____

Partner _____

Partner _____

Brief Description of Your Organization: _____
